diana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/04/2008	Address:	<u>CR 150 S</u>
Case #:	<u>34F33510</u>		Washington, IN 47501
County:	<u>Daviess</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operat Chemic Dumps	cal/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
	ınd: Location (bedroom, kitchen, open :	<u>sir. etc)</u>	
(check all t	that apply) n/Ammonia Reaction(s): <u>Vehicle</u>		
Red Phosphorous/Iodine Reaction(s):			
⊠ Flamπ	able Solvents: <u>Vehicle</u>		
⊠ Water	Reactive Metal (Lithium): Vehicle		
Anhyd	rous Ammonia: <u>Vehicle</u>		•
Hydro	chloric Acid Gas Generator(s):	_	1
⊠ Corros	rive Acid: <u>Vehicle</u>		· .
Corros	ive Base:		
Other ((item and location):		
Child under age 18 discovered (check enc) Yes (number present) No *If yes, fex report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Criminal Investigation	
This repo	rt is to be faxed to the following age	ncies that serve the l	ocation:
Fire Depar	rtment: Washington	Fax: 812-2	
Health De	partment: <u>Daviess County</u>	Fax: <u>812-2</u> Fax: <u>812-2</u>	
Child Prot	ection Service: <u>Daviess County DCF</u>		
	r information regarding this methamp ing Officer: <u>Bill Dougherty</u> Ph	hetamine laboratory, o one <u>812-254-1060</u>	contact

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.